



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: June 14, 2019

HSS 19 019R

**ELECTRONIC MEDICAL RECORD (EMR) REPLACEMENT**

for

DIVISION OF PUBLIC HEALTH

Date Due: July 18, 2019  
By 11:00 AM

**ADDENDUM # 2**

**PLEASE NOTE:**

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE  
MENTIONED BID

Responses to Questions received by the deadline of May 27,  
2019 and asked at the Pre-bid meeting June 4, 2019.

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Terrell Copeland  
Purchasing Services Coordinator  
302-255-9294

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William Ingram  
(302) 744-4706

## Electronic Medical Record (EMR) Replacement – Request for Proposal HSS 19 019R

### Questions and Answers

Q#	Question	Answer
1.	Number of public health clinics	DPH has 14 public health clinics & facilities that will use the EMR.
2.	Number of providers within the public health facilities	DPH has approximately 60 users that are providers (physicians, nurses, PA, etc).
3.	Number of concurrent users within the current EMR system	DPH has approximately 100 users accessing the system simultaneously.
4.	Name of the current EMR system within the Division of Public Health	Core Solutions Cx360
5.	Please outline anticipated project start date	October 15, 2019.
6.	Please outline any anticipated project go-live dates	As soon as possible after October 15, 2019.
7.	Will the state expect the offeror to perform end user training?	No, the expectation is that vendor training will initially be on-site super user/ train the trainer training with the ability to have additional/refresher online training available.
8.	How many individuals will be trained, both for go-live and online refresher training?	All users will be trained (approximately 150 users), however, vendor will only be responsible for super user and train the trainer training. The number of super users is still being defined.
9.	How many go-live training events/locations are anticipated by the State?	The number of training events is yet to be determined. We expect training to occur at various DPH locations.
10.	Is DPH open to training at vendor facilities?	Page 10 of the RFP states training should be on-site at DPH.
11.	What is the plan to train vendor on legacy system? (RFP pg 97 section 3.10.8	This is not applicable. Legacy Data conversion is not a requirement of this RFP. The expectation is that vendor will be responsible for train the trainer training in all aspects of the new system and provide online refresher training modules.
12.	Please list all systems solution is expected to be integrated with.	Please refer to section C “Scope of Services” in the RFP on pages 4-10.
13.	What is the interoperability standard of each State system that the state would like to integrate with?	HL7

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14.	Are all state systems requiring an interface part of the digital bridge? Which systems are? Which are not?	Digital bridge is not a requirement for this RFP.
15.	Does the state require data segmentation at the agency/program/user level? For example, should agencies only be able to see patient/client data if the individual is in fact a client of their agency	The expectation is that user roles will define what data specific users are able to view. DPH client data should be visible at all clinic locations.
16.	Are billing operations centralized?	Yes.
17.	What is the current monthly claims volume for the state?	Approximately 3,300 claims are billed monthly.
18.	Is scheduling centralized?	No, each clinic location is responsible for their own scheduling.
19.	Please confirm all public health locations within the State are expected to leverage a single solution with a single workflow.	Yes, the expectation is that each public health location will utilize the same solution.
20.	a) How many facilities will be using this solution? b) How many users will be across the state – both named and concurrent? c) Please list the number of providers that intend to use the system and attest for meaningful use.	a) DPH has 14 public health clinics & facilities that will use the EMR. b) Approximately 150 users will access the EMR. Any number of users could access the system simultaneously. c) DPH has approximately 60 providers (doctors, nurses , PA's, etc.).
21.	Will Delaware Health and Social Services, Public Health accept our RFP response if we claim exception and removal of the following verbiage below as indicated using Attachment 3 Exemption Form: a) DHSS will not permit any project work to be performed offshore either by the prime contractor, subsidiary, subcontractor or by any other third party. b) Onshore project data and project artifacts including backup and recovery files <u>in any form</u> shall not be	Vendors can submit exception requests with their RFP proposal. They must be stated in the transmittal letter and on Attachment 3 of the RFP.

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	<p>accessed by offshore staff and shall not be copied or moved offshore.</p> <p>c) This prohibition extends to maintenance and operations services, technical support services and any other subsequent services under this contract.</p>	
22.	<p>a) Number of locations</p> <p>b) Number of users</p> <p>c) Number of billing providers</p> <p>d) Information on current solution (EMR or Paper)</p> <p>e) Will patient demographic and clinical data be required to be converted from existing solution to proposed solution</p>	<p>a) 14 public health clinics and facilities</p> <p>b) Approximately 150 users</p> <p>c) 1 billing provider</p> <p>d) Current EMR solution is Core Solutions CX360</p> <p>e) No, at this time there is no requirement to convert data from the legacy system to the proposed solution.</p>
23.	<p>The RFP gives little details on the current environment. With answers to submitted vendor questions not released until 6/11/2019, the submission due date does not leave enough time for vendors to develop an appropriate response. We are requesting extension to the bid submission due date by 7 days (7/9/2019)</p>	<p>The due date for bid responses will be extended from July 2, 2019 to July 18, 2019.</p>
24.	<p>a) Do you use separate systems for billing or practice management?</p> <p>b) What are the key improvements you are looking for in the new EHR systems?</p> <p>c) What EHR systems have you already previewed (via demo) related to this RFP?</p> <p>d) We define system users as each individual user login/password. How many total users will require access to the system? Of this total, how many are clinicians, clerical and billing staff and how many are full time vs. part time?</p>	<p>a) No</p> <p>b) Please refer to the RFP, scope of services pages 4 - 10.</p> <p>c) None</p> <p>d) Approximately 150 total users. Of these users 60 are providers, 10 are clerical or billing staff. Information on full versus part-time users is not available at this time.</p> <p>e) Yes</p> <p>f) Please refer to section C “Scope of Services” on page 6 in the RFP. The labs we wish interface with are Labcorp, Quest and the DPH Lab.</p>

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	<ul style="list-style-type: none"> <li>e) Do you dispense medications and track medications inventory?</li> <li>f) Which Labs are a “must” requirement to interface with the EHR?</li> <li>g) Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a “must” to connect to with the new EHR?</li> <li>h) Do you have any other systems which are a “must” to integrate with the new EHR that are not listed on the RFP?</li> <li>i) When do you hope to select/implement the new EHR?</li> <li>j) C.27.A What HIE are you currently connecting to and for what purpose?</li> <li>k) Could you explain the Birth to three (B23) program (what is it, if you want us to connect to it do they have HL7 capability)</li> <li>l) Question C.12: The contractor shall interface with the Delaware Master Client Index, via a web service to obtain and capture a client’s Master Client Index Number? Could you tell us more about DMCIN and why it is needed? Is it HL7 capable?</li> <li>m) Will there be a conference line or GoToMeeting for the Pre-Bid Meeting?</li> <li>n) C.1.B. you request a quick setup time. Could you define what you consider a quick set up time for State wide EHR implementation?</li> <li>o) C.14.S. Interface with State Medicaid system (DMES). Does DMES have the ability to connect by HL7? If not what other form of connection can they offer?</li> </ul>	<ul style="list-style-type: none"> <li>g) Please refer to section C “Scope of Services” on page 10 in the RFP.</li> <li>h) Please refer to section C “Scope of Services” on page 10 in the RFP.</li> <li>i) The date of the Estimated Notification of Award is currently 8/23/19 with a projected contract start date of October 15, 2019. Implementation will begin as soon as possible after that.</li> <li>j) We do not connect to an HIE currently, but there may be a future opportunity to connect electronically to the Delaware Health Information Network (DHIN).</li> <li>k) Birth to Three (B23) is a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services and support for infants and toddlers with disabilities and developmental delays and their families. The expectation is that we would be able to share information to and from the B23 system via HL7.</li> <li>l) The Master Client Index (MCI) tracks unique clients in each of the programs within the Department of Health and Social Services (DHSS). It helps to facilitate the coordination of services for clients between agencies, permitting agencies to share common client demographic information and allowing all programs to share access to changes in this information. It provides the ability to identify the specific programs and cases in which each client is involved and to track the status. Specifications for the MCI web services are attached below.</li> <li>m) No, this is a non-mandatory pre-bid meeting.</li> <li>n) As soon as possible after the projected contract start date of October 15, 2019.</li> <li>o) DMES connects via X12.</li> </ul>

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25.	<p>a) Has the approximate budget of \$250,000 been modified from the original RFP? If so, what is the new budget amount and does that include annual maintenance costs?</p> <p>b) Provider count – can you please give a count by provider type - #MD and #Midlevel (PA, NP, etc.)</p> <p>c) Is the new implementation date still projected for October 2019?</p> <p>d) Can you please describe what your expectations of a “private cloud” hosted deployment are so we have complete clarity?</p>	<p>a. Yes, the budget has been modified. There is no set budget at this time. Yes, it does include annual maintenance costs.</p> <p>b. Approximately 60 providers (approximately 10 drs; 45 nurses, 7 specialists)</p> <p>c. We are looking to implement as soon as possible after the projected contract start date of October 15, 2019.</p> <p>d. The expectation is that the data will be reliably hosted in a private and secure cloud environment. Specific requirements are outlined in Section 3.3 of Appendix E, page 85 of the RFP.</p>
26.	The question deadline listed in the RFP is May 27 <sup>th</sup> – which is a federal holiday. Is the deadline really Friday, May 24 <sup>th</sup> ? Also is there a time questions need to be submitted by?	The deadline for questions is May 27 <sup>th</sup> at 11:59pm.
27.	Our SaaS solution uses PHP front-end and MySQL as the database. Is this acceptable to the State and DHSS? The reason for asking this question is that the State says that it doesn't allow PHP and MySQL	There is no preference as long as the solution is an accepted platform by DTI which are described in the link provided in RFP Enclosure 2-Website links “DHSS Information Technology Environment Standards”.
28.	<p>What is the EMR being replaced?</p> <p>a) Who is the current incumbent for this project?</p> <p>b) How long have they been providing these services?</p> <p>c) What is the reason for the State looking for a replacement?</p> <p>d) Is the state willing to invest in the training of employees to a new EMR since the employees are already trained in the previous system?</p> <p>e) How many records are in the current system that the State is interested in migrating to the new system?</p> <p>f) What is the current database?</p> <p>g) What is the annual licensing costs to the State?</p>	<p>a) Core Solutions Cx360</p> <p>b) 8 years</p> <p>c) DPH is looking to improve the clinical process flow and interoperability among Public Health agency programs and believe a new EMR would help best facilitate this.</p> <p>d) Yes</p> <p>e) There is no conversion of records requirement for this RFP</p> <p>f) Web based solution using Microsoft .NET technology</p> <p>g) It would not be accurate or useful to potential bidders to provide the costs associated with the current system for several reasons. The current system is a custom system versus a turnkey solution, it is non-hosted versus hosted, and it is an enterprise system used</p>

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	<p>h) What is the total cost to the State in using this system i) annually, ii) from the beginning of the contract?</p> <p>i) Please provide a breakdown of these costs.</p>	<p>by many divisions versus the Division of Public health use only. Through this RFP we are seeking a different solution than is provided by the current system.</p> <p>h) Please see the answer to letter “g” above.</p> <p>i) Please see the answer to letter “g” above.</p>
29.	<p>a) Who are all the users for this system?</p> <p>b) What are the user groups expected to access the system?</p> <p>c) Do you expect to have patients have access to the system through a customer/patient portal?</p> <p>d) How many patients (lives) will be served with this EMR?</p> <p>e) Do you expect that patient referrals will be coming from outside EMR systems through CCDA format and be automatically entered in to your system?</p> <p>f) Would you be sending referrals to other EMR systems through CCDA?</p> <p>g) How many programs will be accessing this EMR?</p> <p>h) Page 8, Item 12, Line 1: What is the fiscal accounting process currently in place?</p> <p>i) Section 3.5, Page 90, 3.5 Performance: Does the State and DHSS want the proposed solution housed within the State? Our SaaS Solution is currently hosted in AWS. Is this acceptable to the State?</p>	<p>a) DPH clinic staff</p> <p>b) DPH clinic staff including doctors, nurses, billing and office staff</p> <p>c) No, this is not a requirement in the RFP.</p> <p>d) Approximately 54,000 clients will be served with this EMR</p> <p>e) No</p> <p>f) No</p> <p>g) 14 programs</p> <p>h) The current fiscal accounting process uses the billing and account receivables features outlined in Page 8, Item 14, Lines a through t.</p> <p>i) DPH is primarily looking for a vendor hosted web application.</p>
30.	<p>Will vendors be expected to provide a demo? If so, will ample notification be given?</p>	<p>Section IV.C.5 “Oral Presentations” on page 22 of the RFP outlines the process for demo requests. Appropriate notification will be given to selected vendors being invited to make oral presentations.</p>

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Q#	Question	Answer
31.	What prompted this RFP? What is deficient in the current system?	We are looking to improve the clinical process flow and interoperability among Public health programs. Our current solution does not adequately support the clinical services and administrative processes of the DPH clinics.
32.	How will the old Core Solutions data be stored if the data is not being converted to the new EMR?	The old information will be retrievable for clinic staff to view, and is not part of this RFP.
33.	Does the state have a preferred technology platform for the EMR? (Such as .net, java, my sql).	There is no preference as long as the solution is an accepted platform by DTI which are described in the link provided in RFP Enclosure 2-Website links “DHSS Information Technology Environment Standards”.
34.	Section 2 – Requirement 4 & 9 separately refer to case management module. Are these intended to be separate or is one module that contains all the data mentioned acceptable?	One module that is able to capture all the data mentioned in requirement 4 & 9 would be acceptable.
35.	Describe what the most significant deficiencies are with the current EMR.	Our current EMR is lacking in support, and clinic usability/workflow.
36.	What top two things are your users really happy with in your current system?	None.
37.	What are your current support costs?	Our current support contract costs \$125 hourly in addition to our ongoing licensing fees.
38.	Is mobile access for clinicians required?	Yes, our expectation is that users would be able to access data from anywhere at any time, securely.
39.	What functions & services are currently provided by the Core Solutions Cx360?	Currently, DPH uses Core solutions for the data collection / case management needs.



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Q#	Question	Answer
40.	Do we have section 330 clinics, FQHC clinics, residential treatment facilities that will use the EMR?	No.
41.	Is DPH open to proposals that are phased? For example, a solution that goes live with most of the functionality but additional requirements are added in to allow DPH to be up and running quickly?	Vendors are welcome to propose any approach in their RFP proposal for our review.

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### MCI Web Services

MCI Individual Management Service	
Operation	Purpose
Create Individual	Provides the ability to create new individual in MCI.
Get Demographic Information	Provides the ability to retrieve demographic information from MCI.
Update Demographic Info 1	Provides the ability to update demographic information in MCI.
Update Demographic Info 2	Provides the ability to update Demographic Information with alternate address.
Point MCI Record	Provides the ability to Point MCI Record.
Unpoint MCI Record	Provides the ability to unpoint MCI Records.
Get Client History	Provides the ability to get Client History MCI.

MCI Clearance Service	
Operation	Purpose
Search Individuals	Send and receive clearance data to and from MCI for Search Individuals from ASSIST Worker Web.
Register / Link Individual	Register/Link MCI to receive ongoing updates to demographics.

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#### MCI Individual Additional Information Service

Operation	Purpose
Get Alternative Reference	Retrieve the alternative references for an individual
Add Alternative Reference	Add alternative references for an individual
Update Alternative Reference	Update alternative references for an individual
Get Contact Information	Retrieve contact information for an individual
Add Contact Information	Add contact information for an individual
Update Contact Information	Update contact information for an individual

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## Questions and Answers

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### MCI Web Services

#### MCI Individual Case Management Service

Operation	Purpose
Get Case History	The Requestor is able to Retrieve case History.
Add Case History	The Requestor is able to Add Individual case Information.
Update Case History.	The Requestor is able to update Individual case Information.

#### MCI Reference Table Management Service

Operation	Purpose
Maintain Key Codes	Ability to Maintain Key Codes from MCI.
Validate Key Codes	Ability to validate key codes from MCI.

#### MCI Subscriber Update Service

Operation	Purpose
Get Updates	Provides the ability to retrieve updates for a given time frame.

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#### MCI Subscriber Update Notification Service

Operation	Purpose
Receive Notifications	Provides the ability to send a list of MCI individuals with updated information.